



ALAMEDA RECREATION AND PARK DEPARTMENT
2226 Santa Clara Avenue, Alameda, CA 94501 • (510) 747-7529 • FAX #: (510) 523-4071
OFFICE HOURS EFFECTIVE SEPTEMBER 6, 2011:
MONDAY THROUGH THURSDAY, 8:00 AM TO 6:00 PM - CLOSED ON FRIDAYS



Our classes and programs have limited enrollment so please register early! Registrations made after deadline date will be charged an additional fee. Deadline for registration of classes is seven days prior to the start of the class or otherwise noted on flyer.

TO REGISTER

Include your name, address, all phone numbers, current e-mail address and class activity number on the registration form below. **ARPD IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL OR FAXES.**



MAIL-IN REGISTRATION

Mail completed registration form with check or credit card number (MasterCard or VISA) to **Alameda Recreation & Park Department**
2226 Santa Clara Avenue, Alameda, CA 94501



PHONE REGISTRATION

Phone registration accepted Monday to Thursday, 8:00 a.m. to 6:00 p.m.; Closed Fridays (effective September 6, 2011) with MasterCard or VISA ONLY. Please have your credit card and class activity number ready prior to calling (510) 747-7529.



FAX REGISTRATION

Fill out form below with your current MasterCard or VISA and fax to (510) 523-4071.

REGISTER ONLINE 24/7 AT:
www.arpdeplay.com

ARPD is proud to present online registration to our community! Contact ARPD to set up your account: call (510) 747-7529 during our regular business hours or e-mail us at: arpd@ci.alameda.ca.us

NOTE: DUE TO COMPLEX REGISTRATION PROCEDURES, NOT ALL ARPD ACTIVITIES WILL BE AVAILABLE FOR ONLINE REGISTRATION.

ADDITIONAL ASSISTANCE

ARPD classes are designed with the total community in mind. If you are in need of additional assistance in order to participate in any of our activities or classes, please call the ARPD Office, (510) 747-7529 or (510) 522-7538 (TDD) to request assistance.

CANCELLATIONS & REFUNDS

ARPD reserves the right to cancel classes due to low enrollment. In the event a class is cancelled by ARPD, full refunds will be provided. Cancellations initiated by the participant must be requested a minimum of 5 business days prior to the start of the program. We no longer issue refunds. You will receive a credit less a \$15 processing fee on your ARPD account to be used in the future by you or your family members.

CLASS CONFIRMATION

To receive a receipt confirming your enrollment, please include a self-addressed, stamped envelope with your registration. **SAVE YOUR RECEIPTS!** There is a \$5 service charge per receipt to reprint receipts.

PARTICIPANT'S NAME		COMPLETE IF UNDER 18 YEARS			GENDER (circle one)	PROGRAM/CLASS NAME	FEE	CLASS #
LAST	FIRST	GRADE	AGE	BIRTHDATE				
					M / F			
					M / F			
					M / F			
RECREATION SCHOLARSHIP FUND DONATION - Write In Donation Amount - Thank You!								
TOTAL								

MAIN CONTACT NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

E-MAIL ADDRESS (Required for Online Registration - www.arpdeplay.com) _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL/WORK: _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

Please Note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS, CURRENT MEDICATIONS: _____

DOCTOR'S NAME _____ PHONE () _____

NAME OF INSURANCE _____ GROUP OR POLICY NUMBER _____

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	CARD NUMBER	-	-	-	EXP DATE
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	CARDHOLDER NAME				

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA**, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.
3. **THE UNDERSIGNED HEREBY PERMITS** the taking of photographs of themselves and/or the participant(s) by the City of Alameda during recreation classes or activities to be used at the City's discretion. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

SIGNATURE (Parent/Guardian if under 18) _____ **DATE** _____